2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N03000003618

Entity Name: VISION FOR HAITI, INCORPORATED

Current Principal Place of Business:

790-H MEADOWLAND DRIVE
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

790-H MEADOWLAND DRIVE
NAPLES, FL 34108

New Mailing Address:

FEI Number: 43-2006446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, ERMA
790-H MEADOWLAND DRIVE
NAPLES, FL 34108

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	NELSON, WALT	
Address:	790-H MEADOWLAND DRIVE	
City-St-Zip:	NAPLES, FL 34108	
Title:	VD	( ) Delete
Name:	MEZILUS, ANDRE REV.	
Address:	CITY CHAUVEL, RUELLBLOT #93	
City-St-Zip:	CAP HATIEN, HAITI,	
Title:	SD	( ) Delete
Name:	SCOTT, GENE	
Address:	222 INDUSTRIAL BLVD	
City-St-Zip:	NAPLES, FL 34104	
Title:	TD	( ) Delete
Name:	NELSON, ERMA	
Address:	790 H MEADOWLAND DRIVE	
City-St-Zip:	NAPLES, FL 34108	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALT NELSON PD 04/29/2004

Electronic Signature of Signing Officer or Director — Date